

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 14-4692		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE			
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED Z		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input checked="" type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED	
IN COUNTY OF WARREN				IN CITY LEBANON				DATE OF CRASH: 3/16/14 Sunday		TIME: 0600-0700	
CRASH OCCURRED ON 800 Franklin RD Lebanon OH 45036				WITHIN THE INTERSECTION OF Parking Lot 800 Franklin RD.							
IF NOT IN INTERSECTION MILES 50 FEET W N S OF Franklin RD. (SR123)				CITY CODE 8303							
LOG-1		LOG-2		LOC JUR FH9 FILT							
A UNIT NO. 1		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT GALCO 4343748648					
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Roark Kristin A.				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 800 Franklin RD Apt. 44 Lebanon OH 45036							
PHONE NO. 513-309-8833		BIRTH DATE 3/15/79		AGE 35		SEX F		SOCIAL SECURITY NO. [REDACTED]		STATE OH	
OWNER (IF SAME AS DRIVER, WRITE SAME) SAME				ADDRESS SAME				PHONE SAME			
VEH YR 2008		MAKE Mits		MODEL SW		COLOR Black		STYLE SUV		STATE OH	
LICENSE PLATE NO. FLMS8180		TOWING SERVICE		VEH/PED DIR FROM E TO W							
CIRCLE DAMAGE AREAS 1 2 3 4 5 6 7 8		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
8 UNIT NO. Z		NO OF OCCUPANTS 0		OPERATING <input type="checkbox"/> PARKED <input checked="" type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON-CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT The General					
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Chapman Michael S.				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 800 Franklin RD Apt. 43 Lebanon OH 45036							
PHONE NO.		BIRTHDATE m D y		AGE		SEX		SOCIAL SECURITY NO.		STATE	
OWNER (IF SAME AS DRIVER, WRITE SAME) Chapman Michael S.				ADDRESS 800 Franklin RD Apt. 43 Lebanon OH 45036				PHONE 513-282-5590			
VEH YR 2001		MAKE Cherry		MODEL 4S		COLOR Blue		STYLE CAV		STATE OH	
LICENSE PLATE NO. FYD4415		TOWING SERVICE		VEH/PED DIR FROM TO							
CIRCLE DAMAGE AREAS 1 2 3 4 5 6 7 8		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
C FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE m D y		AGE		POSITION A B C D E F		INJURIES A B C D E F	
D FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE m D y		AGE		SEX		CONDITION A B C D E F	
E FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE m D y		AGE		SEX		RESTRAINTS A B C D E F	
F FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE m D y		AGE		SEX		ALCOHOL A B C D E F	
A B C		INJURED TAKEN TO		By				A B C D E F		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED	
D E F		INJURED TAKEN TO		By				A B C D E F		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN	
A B C		OFFENSE CHARGED AND DESCRIPTION		ORC CITY ORD.				A B C D E F		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE	
D E F		OFFENSE CHARGED AND DESCRIPTION		ORC CITY ORD.				A B C D E F		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG	
RECEIVED CALL 1409		DISPATCHED 1433		ARRIVED 1433		CLEARED 1444		OTHER TIME 20		TOTAL MINUTES 55	
DATE REPORT FILED 3/17/14		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER'S NAME Nate Trout		BADGE NO. 129		CHECKED BY			

LOCAL FILE NO.

14-4692

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 14-4692	REPORTING AGENCY Lebanon P.D.	DATE OF CRASH M 3 / D 16 / Y 14
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Michael S. Chapman (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO
Nate Trout 129 (OFFICERS NAME) AT 800 Franklin RD. Lebanon OH 45036 (LOCATION)

Was between 3am to 3:30am was woke up by a loud crashing noise and looked the window seen the neighbor driving away didn't think ~~any~~ anything of it. Came out next day my car was hid. She never came over to tell us about it, we waited all day to hear from her.

ADDRESS OF WITNESS 800 Franklin RD. Apt. 43 Lebanon OH 45036	PHONE 513-282-5590
SIGNATURE OF WITNESS <u>Michael S. Chapman</u>	OFFICERS SIGNATURE <u>N. F.</u> 129

On Sunday morning, I had to leave my home to take care of an issue regarding my son. Upon leaving, it was very early and dark, and as I was backing up, I hit a car parked behind my car. There was nobody in the car and I hit the right side of the back bumper not causing significant damage. Since there are no designated parking spaces behind my car, I looked over my shoulder as normal and didn't see anything within in my vision. The car I hit was parked illegally as the documentation provided from the manager of the apartment community will validate. Although I did not notify the police or the owner of the car immediately, I did notify the manager of the apartment community within 24 hours therefore NOT leaving the scene as accused by Officer Trout. Officer Trout was not at the scene and didn't even investigate the circumstances/get my side of the story prior to writing me a ticket.

I'm a single mother living in this apartment community with 2 young girls. I thought it was best to notify the apartment manager for several reasons:

1. Since nobody was in the car at the time I backed into it, I wasn't 100% sure who the car belonged to. There were two townhomes I was thinking the car belonged to but again, I wasn't 100% sure.
2. The car was parked illegally... in a tow space. Since that was a circumstance, I thought it was best that the Property Manager handled the communication between me and whomever the car belonged to.
3. I mentioned above there were 2 townhomes I was thinking the car belonged to. One of those (the one the car ended up belonging to) I was not comfortable approaching on my own. I'm a single mother of two young girls. This townhome in particular has different people coming in and out all day long, typically males, and during those times there is significant drug use. The smell of marijuana seeps through the walls of my townhome, they smoke it sometimes on their front porch in which my children and the husband I'm separated from have witnessed, and because of that, we really haven't had a great relationship in the past. I thought it would be best that the apartment community first address the situation after finding out 100% sure who the car belonged to.

Everything I mention above can and will be validated by the apartment community. I will bring those documents with me to court. I can be reached anytime with additional questions at 513-309-8833.

-Kristin Roark

